

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/581146 FILING DATE
APPLICANT(S) *Kutson*

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3						
TOTAL DEP.	16	16	16	16	16	16	16
TOTAL CLAIMS	19	19	19	19	19	19	19

Best Available Copy